

**Childcare Benefit Approval Form (Types 2&3)**

**Fiscal Year 2026**

**Application for Approval of Education & Childcare Benefits/  
Application for Use (or Continued Use) of a Childcare Facility**

To the Mayor of Tokushima City

I hereby apply for grant approval of facility or community-based childcare benefits.

In order to determine my qualification for education/childcare benefits, the childcare fees I must pay, exemptions from non-staple food fees, and supplementary benefit programs, I agree to allow Tokushima City to access and examine information regarding my household, including the resident tax information of all household members, and for the decisions based on this information to be shared with the relevant education or childcare facilities.

To the Head of the Tokushima Welfare Office

I hereby apply for enrollment into (or continued use of) a childcare facility as follows.

受付場所	課・施設
市受付印	

Date: / / (YYYY/MM/DD)

Applicant Child	Furigana	Sex	Date of Birth	Age
	Name		/ /	years
Parent/ Guardian	Furigana	Phone Number	1st child (As of Apr. 1, 2026)	
	Name		① Relation: [ ]	
			② Relation: [ ]	
	Address	③ Relation: [ ]	※ Fill in the numbers in order of preference	
As of January 1, 2025		Father Tokushima City? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address: [ ]	
As of January 1, 2026		Mother Tokushima City? <input type="checkbox"/> Yes <input type="checkbox"/> No	Address: [ ]	
Application Status at Other Facilities (Do you have any concurrent applications?)		<input type="checkbox"/> Yes (I also applied to a kindergarten/other facility) <input type="checkbox"/> No (Only applying through this form)		
Status of Applicant Child	Allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabilities or illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Status of Household	Single Parent Household? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are household members w/ disability certificate receiving pension? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

※ Excluding the applicant child, list all of the people that live with you (including those who are not part of your family unit), as well as the parents and siblings of the applicant child, even if they do not live at the same residence.

(Furigana) Name	Relation to Child	Date of Birth	Age	(Planned) employment location of the parents, facilities utilized (applied) for the child) etc.	Remarks (City Use) 徳島市チェック欄 (申請者は記入不要)
1			yrs	About the facilities mentioned <input type="checkbox"/> Employed(in school)・Using service <input type="checkbox"/> Employment planned・Application in progress <input type="checkbox"/> Employed(in school)・Using service <input type="checkbox"/> Employment planned・Application in progress <input type="checkbox"/> Employed(in school)・Using service <input type="checkbox"/> Employment planned・Application in progress <input type="checkbox"/> Employed(in school)・Using service <input type="checkbox"/> Employment planned・Application in progress <input type="checkbox"/> Employed(in school)・Using service <input type="checkbox"/> Employment planned・Application in progress	<input type="checkbox"/> 育明け・短縮予定 (~年月日) <input type="checkbox"/> 就労内定 <input type="checkbox"/> 保育園等 <input type="checkbox"/> 卒園児等 <input type="checkbox"/> 1→2号 <input type="checkbox"/> 兄弟が利用中 (同月同・同月別・一人でも先)
2		yrs			
3		yrs			
4		yrs			
5		yrs			

**2 Preferred Usage Period & Facilities**

Preferred Usage Period	From / / (YYYY/MM/DD)	<input type="checkbox"/> Until enrollment in elementary school		
Preferred Facilities	Choice 1	<input type="checkbox"/> Sibling enrolled here	Choice 4	<input type="checkbox"/> Sibling enrolled here
	Choice 2	<input type="checkbox"/> Sibling enrolled here	Choice 5	<input type="checkbox"/> Sibling enrolled here
	Choice 3	<input type="checkbox"/> Sibling enrolled here	Choice 6	<input type="checkbox"/> Sibling enrolled here
Please explain if you have less than 3 preferences:				

**< Notes About Preferred Facilities >**

If there are several potential facilities available to you, please indicate at least 3 of them.

※1 If you select 3+ facilities, you will have a higher chance of being granted enrollment.

(However, if there are only 2 or less potential facilities available to you, you will still have the same chance of being approved.)

※2 Withdrawing enrollment after being granted approval will affect your chances of being approved in the future.

※3 Potential facilities are facilities whose opening hours meet the parents' preferences and take less than 20-30 minutes to get to from home using regular transportation methods.

**3 Preferred Childcare Hours** ※Please note that the childcare timings vary depending on the facility.

Preferred category	<input type="checkbox"/> Standard childcare Hours (upto 11 hours) <input type="checkbox"/> Reduced childcare hours (upto 8 hours)
Preferred Hours	Weekday Hours From ___:___ to ___:___
	Wish to have childcare on Saturdays <input type="checkbox"/> Yes <input type="checkbox"/> No (*If "Yes", please fill out your preferred hours below.)
	Saturday Hours From ___:___ to ___:___

**Handling of the application form**

In case it is unavailable from the desired month	<input type="checkbox"/> I will wait until it is available (assign for the following month or later) <input type="checkbox"/> Withdraw my application (assignment not required)
Request for application adjustment (For parents under parental leave, please check on the one applicable)	<input type="checkbox"/> If admission is confirmed, I will return to work from parental leave by the 15th of the month following the admission month
	<input type="checkbox"/> As I can extend my parental leave, I do not mind the priority of my application being reduced.
NOTE	1. Depending on the screening, the priority index may reduce. 2. The application results would be decided based on the availability at the facility etc.

**4 Reasons Childcare is Necessary** (Please check the boxes that apply.)

Class No.	Types	Father	Mother	Specific Circumstances
01	Employment			Works 20 or more days per month
02				Works 160 or more hours per month
03				Works 140-159 hours per month
04				Works 120-139 hours per month
05				Works 100-119 hours per month
06				Works 64-99 hours per month
07				Works 160 or more hours per month
08				Works 140-159 hours per month
09				Works 120-139 hours per month
0A				Works 100-119 hours per month
11	Pregnancy/Childbirth			If you cannot provide childcare due to pregnancy or having just given birth
21	Illness/Disability of Guardian			Hospitalized
22				Hospitalized for over 1 month
23				Hospitalized for 2 weeks-1 month
24				Freq. treatment
25				Goes to a hospital/clinic 4+ days a week
26				At-home treatment
27	Confined to bed, infectious disease, etc.			
28	Other illnesses affecting livelihood for which nursing care is necessary			
29	Standard recovery (movement/going out restricted but can take care of yourself)			
31	Caring for a Family Member			Disability
32				Nursing care required (grade 1-2 physical, grade 1 psychiatric, type A intellectual, or nursing care level 3-5)
33				Interferes w/ childcare (gr. 3 or lower physical, 2 or lower psych., type B intellectual or nursing care level 1-2)
34				Other situations for which childcare is required (needed nursing care/support, etc.)
35	Providing care for 160 or more hours per month			
41	Disaster Restoration			Cannot provide childcare as you are restoring your home due to a natural disaster
51	Job Searching			Must leave home often due to job searching or preparing for self-employment
61	Education/Training			Currently attending occupational training school, technical school, university, etc.
62				Attending school 160 or more hours per month
63				Attending school 140-159 hours per month
64				Attending school 120-139 hours per month
65				Attending school 100-119 hours per month
66				Attending school 64-99 hours per month
71	Abuse/Domestic Violence			If you are experiencing or are in danger of experiencing abuse or domestic violence
81	Continuous enrollment during childcare leave			If the parent has taken childcare leave for less than 1 year and the child has been attending a licensed childcare facility (excluding the employee quota for onsite childcare services) ※Only applied to graduates, etc. from small-scale childcare facilities, etc.
91	Other	-	-	Parents are not present (deceased, missing, in custody, etc.)
92				Other reasons deeming the need for childcare services to be particularly high

※ Please fill out the "Child Status Report" and submit it along with this form.

(City Use) 以下は、徳島市記入欄のため、記入しないでください

種別	区分	該当	備考	種別	区分	該当	備考
保護者の状況	ひとり親	16		兄弟姉妹の状況	兄弟姉妹の利用施設を希望	17	
	生活保護	4			兄弟姉妹で同施設を同時申請	5	
	生計中心者の失業	4			兄弟姉妹に家庭保育あり	(5)	
	虐待・DV	20		世帯の状況	全親族が死亡・市外居住等	3	
	育休明け	14			援助可能な親族が同居	(10)	
	保護者の一方不在	10			援助可能な親族が別居	(1)~(3)	
	多胎児妊娠	2		その他	市外居住(転入予定除く)	(20)	
	転所が特に必要	6			辞退履歴あり	(15)	
	保育士等	18			育休許容で優先度を下げる場合	(50)	
	認可外・職場内・一時預	4			複数希望あり	20	
未就労 → 就労内定	12		その他(保育必要性高)		-		
児童の状況	環境変化に伴う保育困難	8					
	申請児童に障害あり	3					
	卒園児・受入年齢終了児	23					
	同施設内で1→2号	13					
	認可外施設が認可へ移行	23					
待機が1箇月以上継続	3						
申請児童が第3子以降	3						

優先1 (DV)	優先2 (災害)	優先3 (卒園)	優先4 (保育士)	優先5 (ひとと親)	優先6 (兄弟)	優先7 (育休)	優先8 (保必)	優先9 (合計)	優先10 (児童数)
0・1	0・1	0・1	0・1	0・1	0・1	0・1	0・1		

申請書 配布施設
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基準点	優先点	指数合計	加算施設	加算点
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受付	システム		指数計算		A I 取込データ		申請書情報		
	入力	確認	計算	確認	入力	確認	年度	保育所等コード・施設名	受付番号
							R8		